

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-07-05</u>		2 Serial/Patent # <u>10522649</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
Overpayment		Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>3</td><td>--</td><td>2</td><td>7</td><td>2</td><td>5</td></tr></table>			1	3	--	2	7	2	5
1	3	--	2	7	2	5					
No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>B. Compbe II</u>		TITLE: _____									
SIGNATURE: <u>BAC</u>		<small>Regist. No. 65/68/2655 BCR DBEL 0922450700</small> <small>NAME: B. Compbe II</small> <small>FC: 9234</small> <small>Phone Number: 10522649</small> <small>\$100.00 CR</small>									
OFFICE: <u>PCT/DO/EO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: